

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041517

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mexico

Length of stay in lb
13 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Audrain Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Audrain

c. CITY OR TOWN Centralia

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
R.F.D.#3

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CHARLIE

J.

WEAVER

4. DATE OF DEATH

Month Day Year
Nov. 22, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
July 7, 79

9. AGE (last birthday)
83 Yrs.

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Audrain County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Weaver

13b. MOTHER'S MAIDEN NAME

Frances Armstrong

14. NAME OF HUSBAND OR WIFE

Elizabeth Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
7

17. INFORMANT

Mrs. Charlie J. Weaver, Centralia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cardiac irregularities & range shut down & Centralia thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 yrs 2 wks 1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-23-50 to 11-22-62 and last saw her alive on 11-22-62
Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Mexico, Mo.

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov. 24, 62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood

23d. LOCATION (City, town, or county)

Mexico, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Precht-Hueston, Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 23 1962

26. REGISTRAR'S SIGNATURE

Blanche Keely

USE BLACK INK
OR
TYPEWRITER RIBBON

G.C. HALL - J.A.C.H.M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DEC 4 1962

FEB 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Evelyn P. Smith

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.